

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date:: 01/18/02

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable From (CRF)?: No

Number of Copies of CRF::

Title:: CMP SYSTEMS AND METHODS UTILIZING AMINE-CONTAINING POLYMERS

Attorney Docket Number:: 100021

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: Yes

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kevin
Middle Name:: J
Family Name:: MOEGGENBORG
Name Suffix::
City of Residence:: Naperville
State or Prov. of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 408 Russet Drive
City of mailing address:: Naperville
State or Province of mailing address:: Illinois
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60565

Inventor Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Isaac
Middle Name:: K
Family Name:: CHERIAN
Name Suffix::
City of Residence:: Aurora
State or Prov. of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 1036 Lakestone Lane
City of mailing address:: Aurora
State or Province of mailing address:: Illinois
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60504

Table 1. Demographic characteristics of the study population	
Age (years)	50.0 ± 10.0
Gender (male/female)	100/100
Education (years)	12.0 ± 2.0
Occupation (white/blue)	100/100
Marital status (married/divorced)	100/100
Smoking status (smoker/nonsmoker)	100/100
Alcohol consumption (yes/no)	100/100
Family size (number of children)	2.0 ± 1.0
Household income (USD/month)	1000.0 ± 200.0
Health insurance (yes/no)	100/100
Comorbidities (hypertension/diabetes)	100/100
Medication use (yes/no)	100/100
Physical activity (yes/no)	100/100
Stress level (low/high)	100/100
Sleep quality (good/poor)	100/100
Work satisfaction (yes/no)	100/100
Life satisfaction (yes/no)	100/100
Overall health (good/poor)	100/100
Quality of life (yes/no)	100/100
Healthcare utilization (yes/no)	100/100
Healthcare costs (USD/year)	1000.0 ± 200.0
Healthcare satisfaction (yes/no)	100/100
Healthcare access (yes/no)	100/100
Healthcare quality (yes/no)	100/100
Healthcare safety (yes/no)	100/100
Healthcare effectiveness (yes/no)	100/100
Healthcare equity (yes/no)	100/100
Healthcare transparency (yes/no)	100/100
Healthcare accountability (yes/no)	100/100
Healthcare responsibility (yes/no)	100/100
Healthcare integrity (yes/no)	100/100
Healthcare honesty (yes/no)	100/100
Healthcare openness (yes/no)	100/100
Healthcare communication (yes/no)	100/100
Healthcare collaboration (yes/no)	100/100
Healthcare partnership (yes/no)	100/100
Healthcare alliance (yes/no)	100/100
Healthcare coalition (yes/no)	100/100
Healthcare network (yes/no)	100/100
Healthcare system (yes/no)	100/100
Healthcare organization (yes/no)	100/100
Healthcare institution (yes/no)	100/100
Healthcare facility (yes/no)	100/100
Healthcare service (yes/no)	100/100
Healthcare product (yes/no)	100/100
Healthcare provider (yes/no)	100/100
Healthcare consumer (yes/no)	100/100
Healthcare stakeholder (yes/no)	100/100
Healthcare partner (yes/no)	100/100
Healthcare ally (yes/no)	100/100
Healthcare associate (yes/no)	100/100
Healthcare affiliate (yes/no)	100/100
Healthcare subsidiary (yes/no)	100/100
Healthcare division (yes/no)	100/100
Healthcare department (yes/no)	100/100
Healthcare unit (yes/no)	100/100
Healthcare team (yes/no)	100/100
Healthcare group (yes/no)	100/100
Healthcare organization (yes/no)	100/100
Healthcare institution (yes/no)	100/100
Healthcare facility (yes/no)	100/100
Healthcare service (yes/no)	100/100
Healthcare product (yes/no)	100/100
Healthcare provider (yes/no)	100/100
Healthcare consumer (yes/no)	100/100
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Healthcare subsidiary (yes/no)	100/100
Healthcare division (yes/no)	100/100
Healthcare department (yes/no)	100/100
Healthcare unit (yes/no)	100/100
Healthcare team (yes/no)	100/100
Healthcare group (yes/no)	100/100
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Healthcare ally (yes/no)	100/100
Healthcare associate (yes/no)	100/100
Healthcare affiliate (yes/no)	100/100
Healthcare subsidiary (yes/no)	100/100
Healthcare division (yes/no)	100/100

Correspondence Customer Number:: 29050
Phone:: (630) 375-5465
Fax:: (630) 499-2645
E-mail Address:: Phyllis_Turner-Brim@cabotcmp.com

Representative Customer Number One::	29050
Representative Customer Number Two::	23460

Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: Cabot Microelectronics Corporation

Street of mailing address:: 870 Commons Drive

City of mailing address:: Aurora

State or Province of
mailing address:: Illinois

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 60504